

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

FEB 22 2021

JAMES W. MCCORMACK, CLERK
BY: [Signature]
DEP CLERK

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS
_____ DIVISION**

CASE NO. 4:21-cv-00137-LPR-PSH

Jury Trial: ☐ Yes ☐ No
(Check One)

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: JESSE JAMES ANDERSON
ADC # 170510

Address: #3 EMERGENCY LANE RUSSELLVILLE, AR 72802

Name of plaintiff: JOHN MITCHELL
ADC # 153261

Address: #3 EMERGENCY LANE RUSSELLVILLE, AR 72802

Name of plaintiff: Michael Ivy
ADC # 660278

Address: #3 Emergency lane Russellville. AR 72802

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: TURN KEY HEALTH SERVICES

Position: HEALTH CARE PROVIDER / POPE COUNTY JAIL

Place of employment: TURN KEY HEALTH SERVICES

Address: #3 EMERGENCY LANE RUSSELLVILLE, AR 72802

Name of defendant: ROWDY SWEETS

Position: JAIL ADMINISTRATOR

Place of employment: POPE COUNTY JAIL

Address: _____

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

Name of defendant: _____

Position: _____

Place of employment: _____

Address: _____

II. Are you suing the defendants in:

- ☐ official capacity only
☐ personal capacity only
☒ both official and personal capacity

III. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No X

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

- ☐ Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

☐ Court (if federal court, name the district; if state court, name the county): _____

☐ Docket Number: _____

☐ Name of judge to whom case was assigned: _____

☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

☐ Approximate date of filing lawsuit: _____

☐ Approximate date of disposition: _____

IV. Place of present confinement: POPE COUNTY JAIL -
RUSSELLVILLE, AR 72801

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

X in jail and still awaiting trial on pending criminal charges

_____ serving a sentence as a result of a judgment of conviction

X in jail for other reasons (e.g., alleged probation violation, etc.)
explain: 90 DAY PAROLE VIOLATION

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes ✓ No _____

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes ☒ No ☐

If not, why? I CANT GET PAPERED COPIES OF
GRIEVANCES DUE TO KIOSK ACCESS ONLY

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ROWDY SWEET: IS RESPONSIBLE FOR MY SAFETY,
SECURITY AND WELL BEING AS JAIL ADMINISTRATOR
AND HAS ME HOUSED WITH OTHER INMATES w/
POSITIVE COVID-19 RESULTS, (IN FACT ONE OF
WHICH ON THE RACK NEXT TO ME) AND WILL
NOT CORRECT THE PROBLEM, THERE IS NO SOCIAL
DISTANCING AND I AM NOT ALLOWED A MASK, I
WAS NOT TESTED FOR COVID-19, AND WHILE
IN A "QUARANTINE POD-2" SEVERAL NEW
INMATES HAD BEEN BROUGHT IN WITHOUT
COVID TESTING. ROWDY SWEET ALSO REFUSES
TO SUPPLY COVID TESTS AND/OR PROTECTION,
AND THERE IS NO SOCIAL DISTANCING, I
WAS GIVEN A TB TEST, BUT NEVER A COVID-19 TEST.

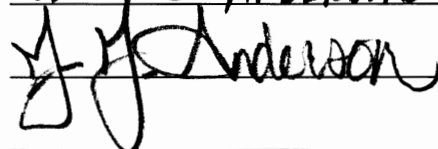
VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

\$1000.⁰⁰ PER DAY FOR EVERY DAY
MY HEALTH AND SAFETY WAS THREATENED
AND/OR AT RISK. COVID-19 TEST

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this ____ day of _____, 20____.

JESSE J ANDERSON


Signature(s) of plaintiff(s)

my name is Jesse Anderson
and I need a Inmate 1983
Packet.

Penny Willis

VISIT #1ND0360259

SUBMITTER: 58RPCDC DETECTED 2/14/21

MICHAEL IVY

VISIT # MD0306088
SUBMITTER: 58RPCDC

DETECTED 12/23/2020

POSITIVE COVID-19
TESTS

RECEIVED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS
JAN 28 2021
JAMES W. MCCORMACK, CLERK
By: _____
DEP CLERK

JESSE J. ANDERSON # 2435
#3 EMERGENCY LANE
RUSSELLVILLE, AR 72802

NEOPOST

FIRST-CLASS MAIL

02/11/2021

US POSTAGE \$001.40⁰⁰



ZIP 72801
041M11280338

LEGAL MAIL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
OFFICE OF THE CLERK
600 WEST CAPITAL AVE
ROOM A149
LITTLE ROCK, AR 72201